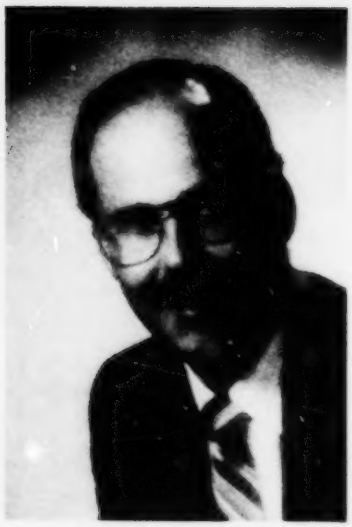
ADDICTION SERVICES

OF

PRINCE EDWARD ISLAND

ANNUAL REPORT
1990 - 1991



Charlottetown
Prince Edward Island

The Honourable Marion L. Reid
Lieutenant-Governor of Prince Edward Island

May It Please Your Honour:

I beg to submit, herewith, for your consideration the annual report of Addiction Services of Prince Edward Island for the fiscal year ended March 31, 1991.

I have the honour to be,
Madam,
Your obedient servant,

Wayne D. Cheverie, Q.C.
Minister Responsible
Addiction Services of
Prince Edward Island

TABLE OF CONTENTS

Organizational Chart..... 5

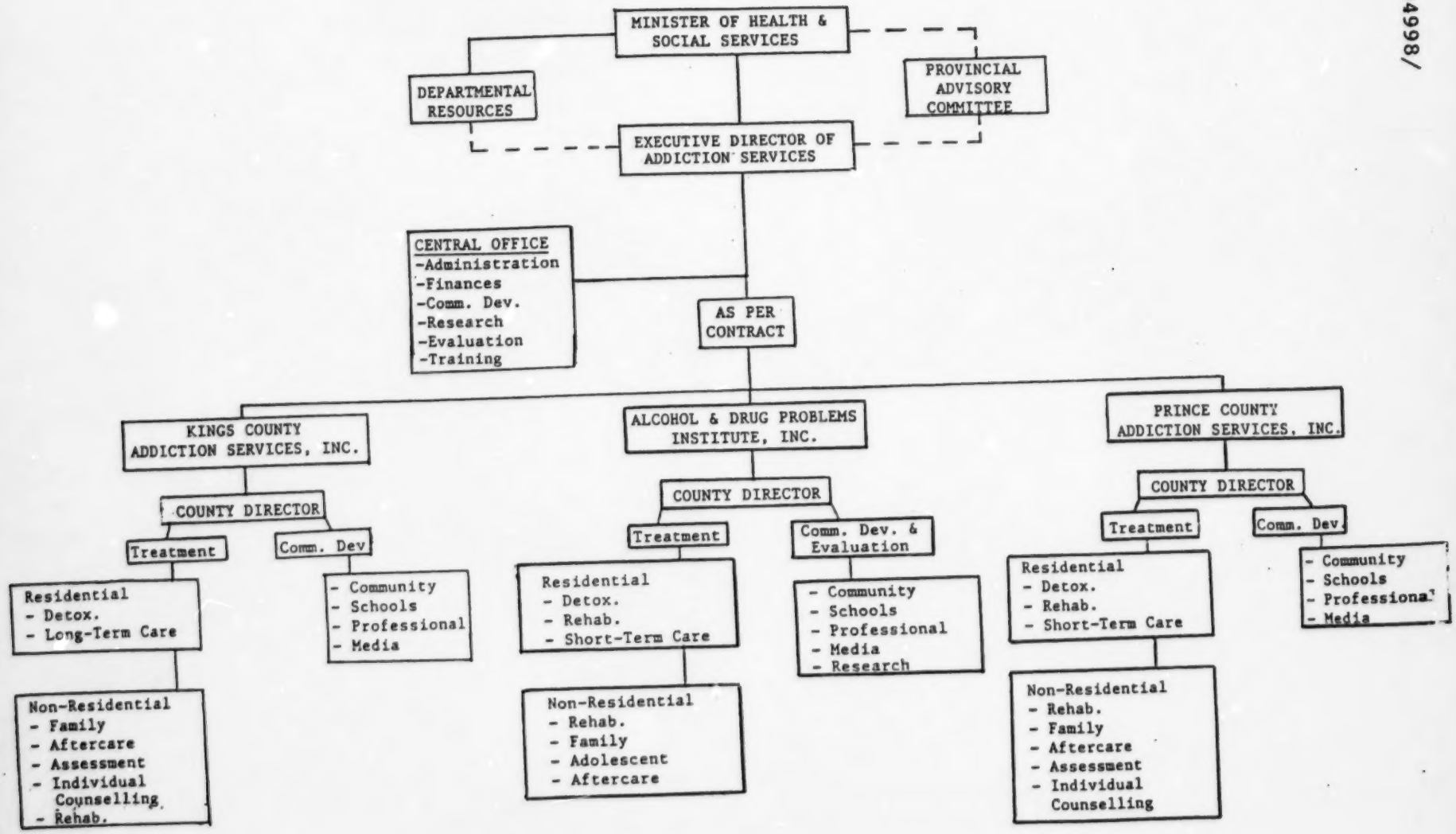
Central Administration..... 7

Kings County Addiction Services..... 15

Queens County Addiction Services..... 29

Prince County Addiction Services..... 57

92-04998/



ORGANIZATIONAL CHART

ADDICTION SERVICES OF PRINCE EDWARD ISLAND

CENTRAL ADMINISTRATION

P.O. Box 37
McGill Avenue
Charlottetown, P.E.I.
C1A 7K2

TELEPHONE: 368-4379

CENTRAL ADMINISTRATION

There was no change in the administrative arrangement for the provision of services to chemically dependent persons and their families on Prince Edward Island during the fiscal year 1990-91. The procedures to be followed are contained in the Addiction Services Act and the bi-yearly contract between the three County non-profit Corporations and the Provincial Government. These documents outline in detail the responsibilities, authority and accountability of the various components of the system.

The Central Administration functions on behalf of the Minister responsible for Addictions, viz, the Minister of Health and Social Services. It is under the direction of the Executive Director of Addiction Services of Prince Edward Island, who represents the Minister in carrying out the details of the Act and the County Contracts, and who is directly responsible to the Minister.

In addition to the Executive Director, the staff of the Central Administration consists of a Business Manager, a Personnel Manager, a Coordinator of Prevention and Training, and a Secretary. The Business Manager is in charge of all financial matters relating to the Counties, including paying of all expenses incurred by the three Counties, as well as preparing and monitoring their budgets. He functions directly with the Executive Director and the Treasury Board. The Personnel Manager assists the Counties in all matters related to personnel and assists them in interpreting Union contracts. He also is in charge of the payroll for the employees of the three Counties.

The Coordinator of Prevention and Training coordinates the activities of the Community Development Officers from each County and is responsible for public information and awareness programmes. She also develops informational sessions for professional groups and provides in-service training for staff. She represents the Province on National prevention and training committees, as well as on Provincial committees.

The Executive Director represents the Minister in the execution of the Act and the Contracts. He is responsible to provide advice and guidance to the Counties in their program and financial activities, as well as being responsible for the monitoring and evaluation of all functions of the Counties. He represents the Province on National committees, especially the Federal-Provincial Sub-Committee on Alcohol and Drug Problems, and the Atlantic Provinces' Addiction Directors Committee.

The budget provided by the Province to operate the programs of the three Counties, as well as the Central Administration for the fiscal year 1990-91 was $3,762,400. Over 90 percent of this budget was designated for salaries, which left very few options for reallocation of funds or improving services without the discontinuance of present operative programs.

There were several important administrative and program changes during this fiscal year:

1. Colin Campbell, who had assumed the position of Administrative Director of Queens County Addiction Services in January of 1990, was relieved from this position by a decision of the Board of the Alcohol and Drug Problems Institute in February of 1990. Dr. Marjorie Smith, who was functioning as Medical and Programme Director, assumed the position of Administrator on a temporary basis until a new Administrator could be appointed by the Board.

2. In November of 1990, Kings County Addiction Services instituted a non-residential, half-day three-week Rehabilitation Program for residents of Kings County. A female Counsellor was appointed following a competition. She is basically responsible for the program and follow-up. The number of follow-up groups was increased from two to four. This action was a beginning to the future goal of expansion of non-residential programmes across the Island.

3. In July, 1990, it was the decision of Government that the existing extended-care facility for females, viz, the Mann House, should be incorporated with the Government-funded agency in Queens County, the Alcohol and Drug Problems Institute. The Mann House had been operating under a direct government grant for several years after initial funding from the Federal Government.

The cost-effectiveness of the Mann House program, as well as the philosophical differences between this operation and the remainder of the government-funded programs, led to the government decision that incorporation was a reasonable action. However, the Mann House Board refused incorporation, and decided to close the facility. This occurred in November, 1990.

The Board of the Alcohol and Drug Problems Institute agreed to operate a long-term facility for females and obtained a facility on Pownal Street, owned by the Catholic Family Services Bureau. Sister Bertha McCarthy, who had been the Nursing Supervisor at the Alcoholism Treatment Centre in Charlottetown for 17 years, was chosen to be the Supervisor of this unit. A ten-bed facility was developed and opened on January 3, 1991.

Because of the objections of various community groups and adverse media publicity relative to the closing of Mann House, the Minister contracted with Virginia MacDonald of the Halifax firm of Peat Marwick Stevenson & Kellogg to analyze the treatment of chemically dependent females on Prince Edward Island and report her findings to the Minister. The recommendations of her report were to be studied by the reconstituted Addictions Advisory Committee. This Committee was to report to the Minister as to what recommendations were feasible and affordable.

4. Prince County Addiction Services continued to require improvement in their facilities to treat chemically dependent persons and their families in their County. With this objective in mind, a plot of land in St. Eleanor's adjacent to their current Half-Way House was purchased by their Auxiliary and the plans for a facility on this land were developed. Action on their request for a definite decision on the construction of the building continues to be delayed. An overall plan for Addictions on Prince Edward Island relative to probable changes in the total administration of health care is required before major changes in the County Addiction Services can occur.

5. The annual banquet of Addiction Services was held in November, 1990, in conjunction with Drug Awareness Week. The guest speaker at the banquet was Mr. Ed Fitzpatrick, acting Director of the Nova Scotia Commission on Drug Dependency. He gave a very illuminating discussion on the development of community groups with advisory capacity in 15 different locations in Nova Scotia.

6. Canada's National Drug Strategy, which has been functional since 1987, continued to provide finances to various projects related to addictions on Prince Edward Island. A local committee chaired by a member of the Central Administration screen projects and submit them to the Federal Department in Halifax for approval and transmission for final action. This Federal project will complete its first five years in March, 1992, and Federal approval will be necessary for continuance of the programme and financing. Prince Edward Island has received a lot of benefit from this program and we trust it will continue.

7. During the year, a report from the Research Division of the Federal Health and Welfare Department was of interest to Addiction Services. This was a cross-Canada survey of alcohol and drug use and attitudes towards various aspects of this problem. Approximately 1,000 persons were surveyed from each Province.

The survey showed that Prince Edward Island had the lowest percent of drinkers of any province (a "drinker" was defined as anyone who had at least one drink during the preceding year). Although it is obvious that Addiction Services cannot claim all the credit for the rather startling results of this survey relative to this Province, it is equally obvious that the informational programs in the schools and in the communities are exerting an effect on the drinking patterns of individuals.

The survey also revealed that Prince Edward Island had by far the highest percent of "former drinkers" than any other province (24% of surveyed adults vs. a national average of 14%). Since Addiction Services in the Counties expose in an average year approximately 650 chemically dependent persons to their alcohol and drug rehabilitation programs, and since almost one-half of these persons eventually achieve sobriety, then a major portion of the credit for the large percent of "former drinkers" would appear to be due to the effectiveness of these established rehabilitation programs.

The major component of all the elements of the three County programs which is strongly espoused by the Boards, the County Directors and the staffs and which is believed to be the basic reason for their effectiveness, is the fact that alcoholism and other drug addictions are treated as a primary, chronic disease, which requires abstinence from alcohol and all other mood-altering chemicals before recovery can occur. The disease precept of chemical dependency is not widely espoused in other provinces, but we have not been impressed that various other theories and treatment approaches produce results which would encourage us to change our basic philosophy. The base always needs to be broadened when possible, but the base should be maintained.

Addiction Services does not try to be all things to all people, but has had extensive experience in providing ready access to quality care in the addiction areas of Detoxification, Residential and Non-Residential Rehabilitation and Aftercare to chemically dependent persons, as well as programs for their families.

CENTRAL ADMINISTRATION PERSONNEL

MARCH 31, 1991

Dr. Leo H. Killorn	Executive Director Addiction Services of Prince Edward Island
Mrs. Heather MacPherson	Coordinator Prevention and Training
Mr. James McCabe	Business Manager
Mr. Ben Hogan	Personnel Manager
Mrs. Eleanor Compton	Secretary

INFORMATION/TRAINING SESSIONS - CENTRAL ADMINISTRATION

	1989-90	1990-91
Sessions	26	19
Attendance	655	380
Individuals	521	338

PROVINCIAL ADMISSIONS

	1989-90			1990-91		
	Male	Female	Total	Male	Female	Total
Detoxofication	1473	254	1727	1442	245	1687
Rehabilitation	568	105	673	615	140	755
Halfway House (Male - 3)	259	---	259	272	---	272
Halfway House (Female - 1) (Jan. 1-Mar. 31/91)	---	---	---	---	14	14

KINGS COUNTY ADDICTION SERVICES

Breakwater Street
P.O. Box 100
Souris, P.E.I.
C0A 2B0

TELEPHONE: 687-2150

BOARD OF DIRECTORS
KINGS COUNTY ADDICTION SERVICES INC.
APRIL 1, 1990 - MARCH 31, 1991

Mrs. Mary Kelly, Chairperson

Mr. Jim MacDonald

Mr. Bill MacLure

Mr. Emerson Gormley

Mr. Joseph MacKinnon

Rev. Ray Kraglund

Mr. Lonnie Riley

Mr. Leslie Phelan

Mrs. Marcella MacRae

Mrs. Clare Shepard, Secretary

MANAGEMENT PERSONNEL

Ms. Patricia LeClair, R.N.	Kings County Director
Ms. Maureen McIver, R.N., B.N.	Nursing Supervisor
Dr. Donald Vickerson	Medical Consultant
Ms. Lorna Muzzerall, R.N., B.N.	Public Information and Programs Officer
Mr. William Evans	Residence Manager

OVERVIEW OF 1990-91

During the past year we have made some major changes in the programs and services offered by Kings County Addiction Services.

We continue to provide (1) detoxification services, (2) services to non-residential clients (group therapy sessions on a daily basis), (3) family services, (4) public information to schools and community groups and overall networking with various provincial agencies especially those in Kings County, (5) after-care sessions both in Souris and Georgetown.

We have implemented the three-week Non-Residential Rehabilitation Program in Kings County. It is located in the Detox. Unit in Souris and Sheila MacDonald is our Rehabilitation Counsellor who works in cooperation with Maureen McIver, Alvin Campbell and the Director.

We do see the program as very successful to date having forty being exposed to this very vital kind of therapy. It is also interesting to note that of the forty clients ten were female. Please note this is from December 1990 to March 1991.

Implementing the Rehabilitation Program was the start of other major changes, i.e. no staff members to be conducting Aftercare sessions. We were fortunate in obtaining two members from the community who had shown considerable expertise and knowledge in the field of chemical dependency and at the same time could act as group leaders for the Aftercare sessions.

These same sessions are held on Tuesday nights in Georgetown and Wednesday nights in Souris.

It became necessary for the Nursing Supervisor and the Director to take on the additional duties of Family Therapy because of major changes in this area and other areas as well.

The necessity of having a Public Information and Programs Officer was most apparent to all concerned - schools, other agencies, various community groups were all seeking additional information on the disease of chemical dependency.

We are trying to treat and provide information to as many people as we possibly can and we came to realize that dollars could be better spent if we were to hire a Public Information and Programs Officer. This position, started in October 1990, has a positive effect on the community.

The families of people suffering from chemical dependency are being treated to the best of our ability. During the three-week Rehabilitation Program families and significant others are exposed to information and treatment one day a week as well as one to one therapy from the Nursing Supervisor and the Director.

The need for a full-time Family Therapist is once again very evident and crucial and we are hopeful that this position will soon become a reality.

The content of the various programs continues to be monitored and improvements are being made as necessary. We are continuously trying to provide the residents of Kings County with adequate addiction care in all areas of their lives. This in turn improves community mental health.

Kings County Addiction Services is an integral part of Souris area Health Council which meets on a monthly basis in Souris. This is an excellent networking system and gives all agencies within the area an opportunity to explain their role in health care and at the same time allows for more total care to the affected individuals when we are familiar with each agency's expertise.

We also continue to have excellent liaison with A.A. and Al-Anon; more work needed to be done with Alateen. All clients that we see who suffer from the disease of chemical dependency are referred to A.A. and all family members to Al-Anon.

DETOXIFICATION PROGRAM

The Kings County Detoxification Unit is located in Souris on Breakwater Street. It is a twelve-bed facility and is functional throughout the entire fiscal year.

The primary funcation of the Unit is to provide a protective setting which allows clients to withdraw safely from alcohol and other drugs under medical supervision.

A second function is that of motivating and guiding clients to further treatment. This is done through individual counselling, lecture-discussion groups and through referral to other Addiction Services' programs as required.

A third function is that of providing support to individuals who are sober but are experiencing some severe sobriety-based symptoms of alcoholism. To that end we will admit for stabilization and counselling.

STATISTICAL SUMMARY

	1989-90	1990-91
Total Number of Admissions	442	445
Total Number of Male Admissions	397	394
Total Number of Female Admissions	45	51
Total Number of New Admissions	83	80
Total Number of Individuals Admitted	264	255
Total Number of Male Individuals	242	220
Total Number of Female Individuals	22	35
Average Age - Males	46 yrs.	45 yrs.
Average Age - Females	41 yrs.	36 yrs.
Average Length of Stay - Males	6 days	7 days
Average Length of Stay - Females	7 days	7 days
Residential Individual Counselling Sessions	313	553
Non-Residential Individual Counselling Sessions	215	529

NON-RESIDENTIAL SERVICES

The following services are provided on a non-residential basis by Addiction employees:

NON-RESIDENTIAL REHABILITATION PROGRAM

The Non-Residential Rehabilitation Program for treatment of chemical dependency began its first program in December 1990 in Souris. The program offers three-week information/therapy sessions to ten people per program. All programs have been operating to nearly full capacity with results to this point in time most favorable.

STATISTICAL SUMMARY

	1990-91
Number of Admissions	40
Number of New Admissions	32
Number of Female Admissions	10
Number of Individual Consultations	57
Number Completed Program	33
Number Did Not Complete Program	7
Number Transferred to Phase III	31

GROUP THERAPY SESSIONS

Souris Detoxification Centre also provides open Group Therapy Sessions on a daily basis to the following individuals: (1) clients presently receiving treatment for chemical dependency, (2) general public who are in recovery and/or may be experiencing added stress during their present phase of sobriety, and (3) clients who are awaiting admission to the Non-Residential Rehabilitation Program.

AFTERCARE

This is a program available to all chemically dependent persons who have completed a Rehabilitation Program, either residential or non-residential. It is conducted by chemically dependent persons who have several years sobriety and are well established in a program of Alcoholics Anonymous. The recommended length of stay in this program is a minimum of six months, with attendance on a weekly basis plus regular A.A. attendance.

STATISTICAL SUMMARY

	1989-90	1990-91
Number of Group Sessions	116	125
Number of Individuals	54	68
Average Group Size	16	14

FAMILY THERAPY AND PUBLIC INFORMATION AND PROGRAMS OFFICER

The duties for this fiscal year were two-fold:

a) Family Therapist from April 1990 to October 1990
b) Public Information and Programs Officer from October 1990 to present.

As Family Therapist, the employee experienced positive results in the southern part of Kings County working out of the Montague Regional Services Centre and the Georgetown Extended Care Facility. The response was not as active in the Souris and surrounding areas. Since October 1990 family members have been counselled by available staff of Kings Country Addiction Services. The introduction of the Non-Residential Rehabilitation Program has made more family members aware of the overall effects of chemical dependency, which in turn, has increased the need for a Family Therapist position.

As Public Information and Programs Officer, the main priority was to the schools in Kings County. Programs were developed on Chemical Use and Abuse and have been given to eleven of the sixteen schools in Kings County.

Additional presentations have been made to community and agency groups throughout Kings County. A Public Information Program is presented weekly at the Georgetown Extended Care Facility. Regular attendance is mainly from the Extended Care Facility residents and youth from the Young Offenders Facility. Weekly advertising appears in local newspapers and on radio and TV public service announcements.

The RCMP Program PACE (Police Assisting Community Education) has been developed to train specific officers to make presentations to Grades V to IX inclusive. Together we are presenting complementary programs focusing on prevention, education and treatment knowledge.

Although the new position is a great challenge, the employee is enjoying developing new skills and implementing new ideas in the area of education.

STATISTICAL INFORMATION

	1989-90	1990-91
Number of Classroom Sessions	68	45
Total Number Attending	2,227	1,423
Number of Community Sessions	4	58
Total Number Attending	156	503

LONG-TERM CARE CENTRE

This ten-bed Long-Term Care Facility in Georgetown continues to accommodate people from all three Counties who suffer from chronic chemical dependencies. The length of stay varies with the individual needs of the client.

The Georgetown House continues to operate with a supervisor and two addiction workers who cover the evening and week-end shifts.

A program is conducted daily which consists of group discussion, individual counselling, films, life skills, residential and community meetings of Alcoholics Anonymous. After a suitable period of time, when residents are adjusted to the Long-Term Care Program, they are encouraged to seek employment. Interagency involvement is also vital in this area of treatment.

STATISTICAL SUMMARY

	1989-90	1990-91
Total Number of Admissions	43	39
Total Number of Individuals	32	27
Average Length of Stay	36 days	53 days
Average Age	47 yrs.	50 yrs.
Occupancy Rate	46%	64%
Total Number Days Stay	1,675	2,047

FAMILY PROGRAM

The Family Program for Kings County Addiction Services continues to grow and at the same time offers various services for the family of the chemically dependent person.

Much of the week's work of the Family Program is spent making phone calls to the family members inviting them to the Non-Residential Rehabilitation Program and for individual counselling.

Referrals from other agencies are very much on the increase as more of these same agencies become aware of our services.

Office hours in Souris include meetings with the staff physician, Dr. Vickerson, and the nursing staff to share updated information on the progress of residents in treatment with emphasis on family involvement.

Occasionally information is presented on the effect of chemical dependency on the family to outside agencies and schools. These presentations may take place during the working hours or in the evenings and range from one to three hours per session.

The main goal of the Family Program for Kings County Addiction Services is to make every person in this County aware of the services offered to those in need of support when dealing with the problem of chemical dependency.

STATISTICAL SUMMARY

	1989-90	1990-91 (To Oct/90)
Number of Family Presentations	65	26
Number in Attendance	283	130
Number of Individuals	187	76
One on One Consultations	380	152
Telephone Contacts - Client	347	114
Telephone Contacts - Professional	128	59
Number of Outside Talks	91	13
Number in Attendance	574	199
Referrals to Other Agencies	39	11
Referrals from Other Agencies	290	91

FAMILY PROGRAM

STATISTICAL SUMMARY

(From Nov. 1/90 to March 31/91)	1990-91
Number of Counselling Sessions	81
Number in Attendance	133
Number of Individuals	96
Number of Telephone Consultations	71

STATISTICAL SUMMARY

	1989-90	1990-91
Highway Safety Assessments	53	30
Inter-Agency Assessments		25

Once again, it is pointed out the significant number of families who are in actual need of immediate treatment. As was stated earlier all programs and results are more than satisfactory but all of the above could be improved with the services of a Family Therapist.

QUEENS COUNTY ADDICTION SERVICES

McGill Avenue
P.O. Box 1832
Charlottetown, P.E.I.
C1A 7N5

TELEPHONE: 368-4120

BOARD OF DIRECTORS
ALCOHOL AND DRUG PROBLEMS INSTITUTE INC.
APRIL 1, 1990 - MARCH 31, 1991

Mrs. Shirley Beck, President
Mr. Gerry Birt
Mr. Jack Blanchard
Mr. Jim Brady
Mr. Colin Campbell
Mr. Brian Gillis
Mrs. Helen Killorn
Ms. Gladys MacMillan
Mr. Ray Malone
Mrs. Muriel Murtagh
Mr. Albert Ross
Dr. Marjorie Smith
Mr. Gordon Tweedy

MANAGEMENT PERSONNEL

Mr. Colin Campbell, C.A.C.	Administrative Director (Resigned February 28, 1991)
Dr. Marjorie A. Smith	Medical and Program Director
Mrs. Kay Trainor, R.N.	Nursing Supervisor Detoxification Unit (Appointed January 2, 1991)
Mr. William Allen, C.A.C.	Supervisor Rehabilitation Services
Mr. Peter MacLean	Manager Halfway House
Sister Bertha McCarthy, R.N.	Supervisor Lacey Residence

OVERVIEW OF 1990-91

During the fiscal year there were no major changes in the basic programs being presented by the Alcohol and Drug Problems Institute through the mechanism of Queens County Addiction Services. We continue to provide both residential and non-residential detoxification services, residential and non-residential rehabilitation services, services to family and children of addicted persons, an aftercare program, public information to schools and community groups, as well as overall networking with other related service agencies within the community.

The content of these varying programs continued to be monitored and improved on a regular basis by the Director and staff through the mechanism of weekly staff meetings of various departments. The effectiveness of the programs are, in the main, measured by the percentage of persons which move through the various elements of the programs; for example, the percentages of those in Detoxification who engage in a rehabilitation program; percentage of those from the Rehabilitation Program who engage in the Aftercare Program; and the percentage of those who begin the Aftercare Program and complete the Program.

During this fiscal year no programs were discontinued and we continue to be able to present recovery programs to large numbers of chemically dependent persons, as well as their families, despite a continuing strain on our limited resources.

The total number of admissions to the Detoxification Unit at the Addiction Services Centre remained almost identical to the previous year.

The Aftercare Program, which includes attendance at weekly meetings for a period of 24 weeks, continued to operate successfully during the year. The participation rate remained almost unchanged at 217 individuals and the completion rate has risen during this year from 61 percent to 66 percent.

The ten-session Family Program held on Monday evenings showed a drop in the number of participants, decreasing to 1,204 from 1,518.

Our liaison with various government agencies continues to operate in a similar manner as in the past. Our contact with the Department of Health and Social Services is Marlene Roe, R.N., who visits the Treatment Centre on a weekly basis and arranges for referrals and assessments with our Residential and Non-Residential staff.

Our major contact with the Department of Justice is Helen Flynn, R.N., who has been engaged in assessing inmates at the Provincial Correctional Centre and the Summerside Jail in order to obtain temporary absence for those individuals who are considered amenable to our treatment programs.

Brian Smith of the Correctional Service of Canada (P.E.I. Division) arranges for transfer of federal inmates to our programs and provides for adequate assessment and follow-up of these persons. Staff from Queens County visit federal institutions in Dorchester and Springhill to assess candidates for a program.

The staff of the Highway Safety Division in Charlottetown continues to provide us with referrals of persons who have had two or more impaired driving convictions for assessment and suggested recovery program. The local psychiatrists, as well as the Outpatient Department of the Queen Elizabeth Hospital, are also a major source of referrals, either on a voluntary basis or on Mental Health Act certification. In the past fiscal year there was a decrease in the number of persons certified under the Mental Health Act from 101 to 69.

The majority of the programs presented are administered under an agreement between the Minister of Health & Social Services and the Alcohol & Drug Problems Institute Inc. The Institute continues to operate programs such as the Adolescent Program and the Children of Alcoholics Program, the Montague Regional High School Student Assistance Program and a program for Adult Children of Alcoholics, which are funded from other agencies and contributions.

The Board of the Institute continues to meet on a regular basis to discuss the stabilization and progression of treatment programs, with the major focus of the Board this year being on staffing and policy issues and the ongoing development of the Adolescent and Children of Alcoholics Programs.

The programs presently being administered by the Alcohol & Drug Problems Institute under contract with government are as follows:

1. Residential Detoxification Program
2. Residential Rehabilitation Program
3. Non-Residential Rehabilitation Program
4. Residential Assessment Unit
5. Residential Halfway House for Women

6. Residential Halfway House for Men
7. Non-Residential Family Program
8. Aftercare Program
9. Parole Program
10. Impaired Driver Program
11. Public Relations and Information Program including school programs
12. Early Release Probation Program
13. Relapse Prevention Program
14. Statistical Surveys and Evaluation Program

This report includes statistical information for each of these departments, along with comparisons of the previous year.

Although there have been significant changes in this fiscal year, the Board of Directors and the staff of the Alcohol & Drug Problems Institute continue to use as their basic philosophy the precept that chemical dependency to any psychoactive drug, including alcohol, is a primary chronic disease which is treatable. We do not subscribe to approaches which do not incorporate this important tenet. In continuing to adhere to this philosophy, we have maintained an excellent liaison with community groups including Alcoholics Anonymous, Al-Anon, and Alateen. We provide individual group sessions as well as meeting with Alcoholics Anonymous groups within our Rehabilitation Program format. We continue to refer all of our clients with the disease of chemical dependency to either Alcoholics Anonymous or Narcotics Anonymous in the community. Family members are referred to the Al-Anon family groups and Alateen.

We incorporate the principles of the Twelve Step recovery program of Alcoholics Anonymous into all of our treatment programs.

RESIDENTIAL DETOXIFICATION UNIT (PHASE I)

The objectives of this Unit are to provide (1) safe detoxification of clients from psychoactive substances; (2) physical, psychological, social, and spiritual assessment of the clients; and (c) motivation towards further treatment.

The nursing staff of the Unit serves as the major liaison between the client, their families, and various community groups who are involved with the care of the client. One of the major activities of this staff is continuing liaison with the staff of the Emergency Department of the Queen Elizabeth Hospital, as well as other staff members of the hospital, for the purpose of transfer of clients to and from our facilities.

Dr. Marjorie Smith, the Medical and Program Director, maintains contact with the physicians in the community, as well as psychiatrists, so that adequate chemical dependency treatment can be provided to as many medical clients as required.

The total number of admissions to the Detoxification Unit was 725, which is essentially similar to the previous year. The average number of monthly admissions is 60, with 81 percent being male. Female admissions remained stable (1989-90 - 146, 1990-91 - 139).

The total number of new admissions to the Unit was 274 compared with 291 the previous year. The percentage was essentially unchanged.

There has been a significant increase in the number of persons admitted who are using cocaine. This appears to be mainly ingested by a nasal or parenteral route, and we have seen little of crack cocaine during this year. The majority of those who use this dangerous drug appear at the present time to be using it in conjunction with other psychoactive chemicals, but we have seen an increase in persons for whom cocaine was the drug of choice.

345 persons were referred to Phase II, or the Rehabilitation section of our program, compared to 325 the previous year. This was approximately 48 percent of our total admissions, and amounted to 29 persons per month.

The total number of persons under a certification of the Mental Health Act decreased markedly to 69 persons, from 101 the previous year. The total number of Social Service referrals remained the same (51).

We continue to admit residents of Kings County to our Detoxification Unit and these are included in our statistics.

The number of employer referrals increased from 15 the previous year to 22. This included persons engaging in both our residential and non-residential programs. This is a lower number than desirable.

The number of persons dependent on cannabis products (marijuana or hashish) either alone or in combination increased from 160 to 190. The nursing staff continues to do urinary assays for cannabis and benzodiazepines, and those with high levels of these chemicals are monitored on a continuing basis. Urinary assays for cocaine and benzodiazepines are now conducted and have become a major portion of our drug screening procedures.

STATISTICAL SUMMARY

	1989-90	1990-91
Total Number of Admissions	729	725
Total Number Male Admissions	583	586
Percentage of Male Admissions	80%	81%
Total Number Female Admissions	146	139
Percentage of Female Admissions	20%	19%
Average Number Monthly Admissions	61	60
Average Number Monthly New Admissions	24	23
Total Number New Admissions	291	274
Percentage New Admissions	40%	38%
Average Length of Stay - Males	6 days	6 days
Average Length of Stay - Females	7 days	6 days
Total Number Referred to Phase II	325	345
Percentage of Total Admissions to Phase II	45%	48%
Average Monthly No. Referred to Phase II	27	29
Average Age - Males	41 yrs.	41 yrs.
Average Age - Females	38 yrs.	37 yrs.
Total Number Persons Certified	101	69
Average Monthly Number Certified	8	6
Total Number Social Service Referrals (Residential)	50	51
Total Number Dependent on Cannabis	160	190
Total Number Employer Referrals (Residential & Non-Residential)	15	22
Total Number Highway Safety Division Referrals (Residential)	22	17
Total No. Kings County Resident Admissions	91	71
Out-of-Province Referrals		12

RESIDENTIAL REHABILITATION PROGRAM (PHASE II)

Staffing of the Residential Rehabilitation Program continued as in previous years with two therapists being present during the day from Monday to Friday, and two evening and weekend therapists being employed for the evening shift and to cover the day and evening shift during the weekend. There is no therapist on duty during the night hours. When any problems arise in the area they are handled by the nurse and attendant in the Detoxification Unit, which is adjacent to the Rehabilitation Unit.

Admissions to this program continue to come through the Detoxification Unit and the programs were basically unchanged from the previous year.

The major objectives of this portion of the program are: (1) to encourage the resident to identify as a chemically dependent person because of the consequences of their use; (2) to provide insight into the nature of their disease; and (3) to encourage motivation towards developing a continuing recovery program which can be followed after the Rehabilitation Program. These objectives are met by developing a complete psychosocial history, by individual counselling, by informational daily programs and especially by daily group therapy sessions. Total abstinence is the major goal. The recovery rates of persons engaging in this portion of the program continue to be much higher than those who are merely detoxified.

The number of admissions to the Residential Rehabilitation Program increased by 19 to 314, of which approximately 20 percent were female. There was an increase in the number of females from 53 the previous year to 64 this year. The average age of those engaging in this program is approximately 34 years, whereas the average age in the Detoxification Unit is approximately 39 years.

There were a total of 27 referrals accepted from the Detoxification Unit of Kings County Addiction Services.

Persons engaging in this program develop a continuing recovery program in conjunction with the therapist, and all are referred to the Aftercare Program, either in Kings County or Queens County, following their discharge. It is also recommended that they attend two meetings of community Alcoholics Anonymous or Narcotics Anonymous per week for a period of at least six months.

STATISTICAL SUMMARY

	1989-90	1990-91
Total Number of Admissions	295	314
Total Number of Male Admissions	242	250
Total Number of Female Admissions	53	64
Average Number Monthly Admissions	25	26
Average Age - Males	36 yrs.	35 yrs.
Average Age - Females	32 yrs.	33 yrs.
Average Length of Stay	17 days	17 days
Total Number of Admissions - Parole	21	23
Total Number Employer Referrals	10	13
Total Number Kings County Addiction Services Referrals	19	27

NON-RESIDENTIAL REHABILITATION PROGRAM (PHASE II)

This program continues to provide in-depth information on alcohol dependency with an increasing emphasis on cannabis and cocaine dependency. In addition to the two-hour daily information program in which both the residential and non-residential rehabilitation clients engage, two sessions per week of group therapy with non-residents are conducted following the programs on Tuesdays and Fridays. Individual counselling is also carried out by the staff of this department, as well as assessment of persons referred from the community.

The number of persons engaging in the Non-Residential Program remain almost unchanged from 234 the previous year to 232 this year. The average number of monthly admissions to the Non-Residential Program is 19.

Combined with the number of persons in the Residential Rehabilitation Program, the total number of those who were provided with the morning informational sessions was 546, including 108 females, for an average of 45.5 persons per month in both Rehabilitation Programs. We are unaware of any treatment program that provides services to such a large number of individuals with such a small staff.

All persons engaging in the Non-Residential Rehabilitation Program are also referred to a long-term Aftercare group. The average age of non-residents was approximately 37 years, which is somewhat older than those engaging in the Residential Rehabilitation Program.

STATISTICAL SUMMARY

	1989-90	1990-91
Total Number Admissions (Residential)	295	314
Total Number Admissions (Non-Residential)	234	232
Total Number Engaging in Program	529	546
Average Monthly Admissions (Non-Residential)	20	19
Total Number Employer Referrals	5	9
Total Number Social Service Referrals	7	16
Total Number Highway Safety Division Referrals	64	62
Average Age	38 yrs.	37 yrs.
Number of Females (Non-Residential)	40	44
Number of Females (Residential)	53	64

NON-RESIDENTIAL FAMILY PROGRAM

One Family Therapist position continues to be responsible for the entire program, with the assistance of other staff members and volunteers. There is a marked overload in this part of our program, which is considered an integral part of the recovery of the total family, and an additional Family Therapist is required. The Family Therapist not only performs initial assessment on all family members of persons engaging in the chemical dependency program, but also organizes and operates the weekly Family Orientation Program, performs one-to-one counselling, and attends both residential and non-residential weekly meetings with the therapy staff.

Persons entering this program are either (a) referred by organizations or government departments dealing with the family in the community, (b) voluntarily seeking help for an addiction problem in their family, or (c) they are assessed by another staff member and referred to the Family Therapist for individual counselling and assessments, and hopefully engagement in our Family Orientation Program.

All persons engaging in our Rehabilitation Programs, either residential or non-residential, are requested to provide the name of a family member who can be contacted by the Family Therapist and an interview requested. The majority of those who are contacted will come for an initial interview, and approximately two-thirds of these will attend the Family Orientation Program.

The Family Orientation Program consists of ten weekly sessions of two hours duration on Monday evening and are open-ended. There are no group therapy sessions provided for those engaging in the Family Program, but continuing individual counselling is carried out by the Family Therapist. The total number of Family Orientation sessions presented during the year was 43 with the average attendance at each session being 21 adults and 7 children.

There are no specific Aftercare discussion groups provided for family members other than those who attend the Parents Support Aftercare Group, whose adolescent children are in our Adolescent Program and an Adult Children of Alcoholics Program.

STATISTICAL SUMMARY

	1989-90	1990-91
Total Number Family Orientation Sessions	46	43
Average Attendance, Monday Night Family Program		
(a) Adults	26	21
(b) Children	7	7
Total Number Individuals		
(a) Adults	265	145
(b) Children	52	41

RESIDENTIAL ASSESSMENT UNIT

There was no change in the staffing or the procedures of the Assessment Unit during the year. The Unit serves the following functions:

(a) Provides short-term protection for those persons referred by the police for public drunkenness in lieu of incarceration at the Provincial Correctional Centre.

(b) Those referred from the Outpatient Department of the Queen Elizabeth Hospital for short-term care and assessment.

(c) Persons requesting or requiring short-term detoxification.

There are eight beds in this unit and they are staffed by addiction workers under the supervision of the nursing staff of the Detoxification Unit.

Since we do not provide detention rooms in this unit for those who are unruly or aggressive, 30 percent of those persons brought by the police are still transported to the Correctional Centre.

Admissions to this unit are either brought by the local police or R.C.M.P., or screened through the nurse in charge of the Detoxification Unit. The unit provides a much needed emergency service to the community and prevents the regular Detoxification Unit from becoming a revolving door operation.

The number of referrals to this unit during the year was 14 more than the preceding year, namely, 1,888 compared to 1,874 the preceding year. The average number of monthly admissions was 115. 141 persons were referred from this unit for further treatment, either to the Detoxification Unit, the Non-Residential Rehabilitation Program, or to the Residential Halfway House.

In order to cut down the number of persons being transported by the police to the Provincial Correctional Centre because they cannot be contained in the unit, obviously one or two seclusion rooms are necessary in the area.

STATISTICAL SUMMARY

	1989-90	1990-91
Total Number Referrals	1,874	1,888
Total Number of Police Referrals	1,580	1,572
Total Number Admitted	1,453	1,385
Total Number Police Referrals Admitted	1,214	1,096
Number Referred to Provincial Correctional Centre	453	586
Percentage of Police Referrals Admitted	77%	70%
Average Number Monthly Admissions	121	115
Average Number Monthly Police Admissions	101	91
Percentage of Police Admissions	84%	79%
Number Referred for Further Treatment	186	141
Percent Referred for Further Treatment	10%	7%
Average Length of Stay	2 days	2 days

LACEY RESIDENCE (PHASE III)

On January 3, 1991, the Board opened an extended care facility for chemically dependent women. It was named Lacey Residence in honour of the late Frank Lacey, who helped countless men and women in their recovery from alcoholism.

The Residence has a capacity of ten beds. Women accepted at the Residence stay a minimum of three months and the length of stay depends on the needs of each individual.

While in residence, the women participate in an active rehabilitation program through information, group meetings and individual counselling. Self-discipline and life skills as well as coping mechanisms are stressed. The Residence accesses other agencies to assist the women in returning to a healthy lifestyle on discharge.

STATISTICAL SUMMARY

	Jan. 3 - March 31/91
Number of Admissions	14
Number of New Admissions	11
Occupancy Rate	94%
Average age	34 yrs.
Average Length of Stay	86 days

RESIDENTIAL HALFWAY HOUSE - TALBOT HOUSE (PHASE III)

This house, which is located on Kent Street in Charlottetown, contains 18 beds for those persons who are believed to require continuing treatment and protection after completion of the Rehabilitation Program or by staff decision being transferred from the Assessment Unit. The occupancy rate of this unit increased during 1990-91 to approximately 79 percent, with the average length of stay being 36 days.

The recommended length of stay in this facility is two months. The total number of admissions to the unit increased from 112 the previous year to 130 in 1990-91. The average age of persons using the Halfway House decreased slightly to 35 years.

There has been an increase in the number of residents leaving the Halfway House and continuing treatment by engaging in our regular Aftercare groups. There is an Aftercare group which functions at the Talbot House for the short period of time that these persons are residents, but they do require longer support through our Aftercare groups.

Programs are presented to the residents during their stay at the Halfway House to attempt to identify their living problems, increase their life skills, set relapse prevention plans, and obtain gainful employment.

When considered necessary, urinary assays are performed on a random basis on residents of the Halfway House.

Two regular Alcoholics Anonymous meetings are held in this facility weekly.

STATISTICAL SUMMARY

	1989-90	1990-91
Total Number of Admissions	112	130
Total Number Individuals Served	95	85
Occupancy Rate	76%	79%
Average Length of Stay	41 days	36 days
Average Age	36 yrs.	35 yrs.
Total Number from Parole Services	25	25

AFTERCARE PROGRAM (PHASE III)

Aftercare (Phase III) is an essential component of our therapy programs. A follow-up study of clients involved in our programs showed that 75 percent of clients who completed Aftercare, following residential or non-residential programs, had remained sober since treatment. Of those who did not attend Aftercare, only 16 percent remained sober.

The Aftercare Program is recommended for the majority of people who complete the Alcohol and Drug Problems Institute's rehabilitation programs. Generally people attend 24 weekly sessions which can take from six to eight months to complete. Along with this, they attend a minimum of two community recovery group meetings each week. Individual counselling is provided for those who need it.

There were eight Aftercare groups operating on an ongoing basis in 1990-91 with an average attendance of 9.4. During this period, 217 people entered the Program and 143 (65.9%) of these completed. The percentage of those completing the Program as related to those who started continues to rise each year. This year showed an increase of over 5 percent.

It should be noted that refinements were made to the Aftercare Program in January of 1989 in relation to gender issues at this stage of treatment. These refinements appear to have been most beneficial for females, as there was an especially large (25%) increase in the number of females who completed Aftercare in 1990-91.

There is frequent communication between the Aftercare group leaders and the therapy staff. The group leaders, the Director and the staff member responsible for monitoring Aftercare meet on a monthly basis to discuss administrative, therapeutic, and other relevant concerns. In addition, two training seminars are presented for the Aftercare group leaders each year.

STATISTICAL SUMMARY

	1989-90	1990-91
Number of Aftercare Groups	8	8
Number of Aftercare Sessions	406	410
Average Number in Attendance	9.1	9.4
Total Number of Persons Served	218	217
Number Completing Aftercare Program	132	143
Percentage Completing Aftercare Program	61%	66%
Number of Females in Aftercare	44	48
Number of Females Completing Aftercare	22	33
Percentage of Females Completing Aftercare	50%	69%

RELAPSE PREVENTION PROGRAM

The focus of the Relapse Prevention Program is on intervening in the relapse process. It consists of an intensive two-hour group therapy session for one evening each week, and is conducted by a Certified Relapse Prevention Specialist.

This program has been operating since September of 1987, and has been highly utilized by persons requiring relapse therapy.

At the end of the year, eleven persons were participating in the program, and there is a waiting list of persons to take the program.

EARLY RELEASE PROBATION PROGRAM

This program provides rehabilitation services to persons incarcerated, mainly for impaired driving offences.

The procedure is to have our staff assess persons at the Provincial Correctional Centre, and recommend transfer of those persons to the Residential Rehabilitation Program of the Alcohol and Drug Problems Institute under a Temporary Absence mechanism. During this fiscal year 31 persons were released under Temporary Absence as compared to 36 for the last fiscal year. They were all absorbed into the mainstream of the Residential Rehabilitation Program and received the same program as all other clients.

PAROLE PROGRAM

The program which is recommended for parolees, either from federal or provincial correctional institutions, is a three-week Residential Rehabilitation Program followed by two months at the halfway house. During the stay at the halfway house they engage in Alcoholics Anonymous meetings in the house, plus an Aftercare group each week. It has been recommended that when they leave the halfway house they become absorbed into one of our other Aftercare groups.

During the year 1990-91 the number of parolees treated in our program increased from 21 to 25.

The results of this program continue to be adequate as assessed by the Correctional Service of Canada.

STATISTICAL SUMMARY

	1989-90	1990-91
Number Persons Completed Program	21	25

IMPAIRED DRIVER PROGRAM

This segment of our program, which is operated in conjunction with the Highway Safety Division, has become relatively stabilized over the past six years. Persons referred to this program are those who have had three or more convictions for impaired driving at any time during their driving history. Those with a lesser number of convictions may be referred if found appropriate by the Highway Safety Division staff. Persons referred are assessed by one of our staff members and referred to either the Residential Rehabilitation Program or the Non-Residential Rehabilitation Program. It is compulsory for those people to complete the program in order to have their driver's license reinstated or retained.

Monthly reports are provided to the Highway Safety Division and it is on the basis of these reports that a decision is made regarding the person's reinstatement of their driver's license. Since the Alcohol and Drug Problems Institute provides rehabilitation services to Kings County residents, recidivist impaired drivers from this County are also referred to our residential or non-residential services. They are, however, referred back to Aftercare Programs in Kings County. The total number of persons from both Queens and Kings County who completed the program during the year was 74, compared to 81 the previous year. Of this number, 14 were from Kings County and 60 from Queens County. Kings County assessments are conducted by the staff of Kings County Addiction Services.

A review of the results obtained by our treatment programs for impaired drivers was conducted during the summer of 1988. It was found that impaired drivers who were diagnosed as having the disease of alcoholism and who engaged in our program showed a dramatic improvement in their abstinence rates, as well as in the quality of their lives. These results served as a definite confirmation that our programs are extremely adequate in engaging a group in recovery programs who would not have otherwise be accessed.

STATISTICAL SUMMARY

	1989-90	1990-91
Total Number Assessments	70	62
Total Number Completed Non-Residential Program	61	59
Total Number Completed Residential Program	20	15
Services Provided to Highway Safety Division Referrals from Kings County Addiction Services:		
Non-Residential Rehabilitation Program	17	7
Residential Rehabilitation Program	13	7
Total (Queens and Kings Counties)	81	74

COMMUNITY DEVELOPMENT AND INFORMATION PROGRAM

Under the direction of the Community Development Coordinator, the activities of this program in Queens County were basically similar to the previous year. We continue to present programs to the elementary and junior high schools in this area, as well as special programs for senior high schools. Professional and non-professional groups were also provided with information on our programs and on our philosophy towards the disease of chemical dependency, and the mechanisms for dealing with this.

The Institute continues to focus a good deal of attention on the junior high schools, as this is a crucial area in adolescent development, and has remained the major target group for our programs in the local schools.

Three modules have been developed for presentation to senior high school groups. These were well received. We have also been involved with the Peer Education Program and the Students Against Drunk Driving Program in the regional high schools.

The major emphasis in presentations to community groups continues to be directed towards youth and their problems with alcohol, marijuana, and various other legal and illegal chemicals.

The information services provided to professional and non-professional groups in the area were, in some cases, in cooperation with the Community Development Coordinator of the Central Office. Our representative met with this Coordinator and the Community Development persons from the other Counties on a monthly basis to discuss mutual concerns.

There were no out-of-province speakers procured to provide seminars for the staff during the year. Various members of the staff, however, attended outside conferences either locally or in the Atlantic region, and reported on the contents of these conferences to the remainder of the staff. As in previous years, two half-day seminars were presented for the Aftercare leaders.

A weekly one-hour training session for the therapy staff of Queens County continued. Various therapists on the staff present their views on either attendance at conferences or from reading materials to the rest of the staff. In addition to this, outside speakers from the local area are brought in to discuss problems connected with the operation of our services. This group also reviews films which may be presented either to staff or clients.

STATISTICAL SUMMARY

	1989-90		1990-91	
	Number Sessions	Number Individuals	Number Sessions	Number Individuals
Schools:				
Elementary	14	432	12	337
Junior High	13	493	21	562
Senior High	19	425	12	520
Mature Students	15	191	28	284
Community Groups	22	804	12	303
Professionals	8	152	1	16
TOTAL	91	2497	86	2022

STATISTICAL SURVEYS AND EVALUATION PROGRAM

The statistics for the various divisions of our programs are forwarded to the Central Office of Addiction Services on a monthly basis, as well as to our Community Development Coordinator and Director. We continue to utilize a monthly comparison form for each program in order that trends throughout the year might be noted and compared to other months, as well as similar months during the previous years. The statistics are analyzed by the Community Development Coordinator and presented to the staff at our weekly inservice meetings. The Community Development Coordinator continues to monitor the total Aftercare attendance which can be evaluated on a monthly basis, and these forms are also presented to the therapists, as well as to the Aftercare Counsellors, at our regular meetings. An evaluation of the number attending Aftercare, as well as those beginning and completing the program are also included. The yearly summary is included in this report.

NEW INITIATIVES

At the present time the Alcohol & Drug Problems Institute Inc. does not envision any major new treatment programs outside of the establishment of a halfway house for women mentioned elsewhere in this report. However, the programs related to chemically dependent adolescents and pre-teens and teenage children of alcoholics, which for the past six years have been funded outside the Prince Edward Island overnment budget of Queens County Addiction Services continue to expand. The funding which was previously available to the Institute, namely, from an agreement with the Federal Parole Service and the community funding campaign will not be sufficient to carry these programs through 1991 and following. Therefore, we are actively pursuing sources of community-based funding.

The number of referrals to these programs have remained consistent for several years, and no decline in the demand for this service is anticipated.

In addition to the above, on a grant from the National Drug Strategy, a program for adult children of alcoholics has been developed. This program consists of a six-session information module followed by a twelve-week aftercare group. Although theoretically this should come under the Family Program along with the other childrens' programs, present funding is not sufficient for these programs.

It is the belief of the Board of Directors of the Alcohol & Drug Problems Institute Inc., as well as the staff, that the Adolescent Program should be incorporated under the umbrella of Queens County Addiction Services with funding from the Prince Edward Island Government through this mechanism. There has been a great deal of discussion in the community about providing services for youth and we feel that one of the responses of government should be to provide additional funding to the Institute to operate our developed and functioning programs. We see these programs as the cornerstone in our prevention strategy for youth, and continue to seek methods of providing community-based funding for these activities.

PRINCE COUNTY ADDICTION SERVICES INC.

216 Schurman Avenue
Summerside, P.E.I.
C1N 4W6

TELEPHONE: 436-4201

BOARD OF DIRECTORS
PRINCE COUNTY ADDICTION SERVICES INC.
APRIL 1, 1990 - MARCH 31, 1991

Mr. Maynard Schurman, Chairman

Mr. Frank Barry

Mrs. Pauline Deighan

Mr. Blair Heeschen

Mr. Russell Gallant

Mr. Neil MacLeod

Mr. Alan Montgomery

MANAGEMENT PERSONNEL

Mrs. Elizabeth Pickering, R.N.	Prince County Director
Mrs. Amy Gaudet, R.N.	Nursing Supervisor Primary Care Unit
Mr. Michael Fitzpatrick	Rehabilitation Supervisor Intermediate Care
Mr. Gerald Rooney	Residence Manager Extended Care Unit
Dr. Sheldon Cameron	Medical Consultant

OVERVIEW OF 1990-91

Prince County Addiction Services Inc. continued its operations during the 1990-91 fiscal year in much the same manner as in previous years. Under its contract with the Department of Health and Social Services the Agency conducted treatment and public awareness services to Prince County residents.

Treatment was provided through the Detoxification, Rehabilitation, Aftercare, Extended Care and Family Programs. The demand for these programs continued to be high and usually filled to capacity. The Agency dealt with a total of 1,502 individual clients compared with 1,385 in the previous year.

Significant trends have been identified in recent years and were also evident during this period. They include a continuing decrease in the average client age, an increase in the use of cocaine among clients and increasingly complex treatment issues.

The West Prince Counselling Services were much in demand with a significant increase in the number of clients served and in the number of consultations with other agencies.

The Agency continues to introduce and strongly advocate the principles of the program of Alcoholics Anonymous throughout the treatment process.

PRIMARY CARE (DETOXIFICATION PROGRAM)

The Primary Care Unit located in the basement of the Prince County Hospital's Nurses Residence carried out its objectives in much the same manner as in previous years. These objectives are to provide safe medically supervised detoxification from all mood-altering chemicals, instruction of clients as to the nature of their addiction and motivation to further treatment.

Self or family referrals continue to be the main referral source for this unit accounting for approximately 58 percent of the referrals. The remainder of the referrals are made by agencies such as hospitals, physicians, and various areas of the justice system.

STATISTICAL SUMMARY

	1989-90	1990-91
Total Number of Admissions	555	517
Total Number of Male Admissions	493 (89%)	462 (89%)
Total Number of Female Admissions	62 (11%)	55 (11%)
Total Number of Individuals	372	341
Total Number of New Clients	165 (29.7%)	137 (26.5%)
Mental Health Committals	26	30
Average Age - Male	38	37
Average Age - Female	41	40
Average Length of Stay - Males	9 days	10 days
Average Length of Stay - Females	13 days	18 days
Average Occupancy Rate	8[illegible]%	93%

INTERMEDIATE CARE (REHABILITATION PROGRAM)

The Intermediate Care Program provides the second phase of treatment for chemical dependency. The main requirement for admission to the program is that the client must be adequately detoxed from all mood-altering chemicals.

The program is of three weeks' duration and may be taken as a resident or day case dependent on the decision of the admissions staff. The treatment regime is identical for residential and non-residential clients as they are intermingled in the same therapy group. Residential clients are housed in either the Primary Care Unit or the Extended Care Facility, St. Eleanor's House.

Emphasis is placed on Aftercare as a critical component of the overall recovery process. Upon completion of the Intermediate Care Program, participants are referred to the third treatment phase which is attendance at a weekly Aftercare group for a one-year period. It is also recommended that they attend a minimum of three A.A. meetings per week.

Repeat admissions to the Intermediate Care Program are not made for a minimum of one year and then only at the discretion of staff. In the event of a relapse, clients are referred to the Primary Care Unit and encouraged to resume their Aftercare recommendations following detoxification.

The majority of referrals to this program are from the Primary Care Unit and various areas of the Justice system. Another significant source of referral is the Highway Safety Division.

STATISTICAL SUMMARY

	1989-90	1990-91
Total Number of Admissions	143	169
Total Number of Individuals	134	166
Total Number of New Admissions	102 (71.3%)	110 (65.1%)
Total Number of Male Admissions	132 (90.1%)	147 (87%)
Total Number of Female Admissions	12 (8.4%)	22 (13%)
Average Age - Male	34 yrs.	34 yrs.
Average Age - Female	41 yrs.	39 yrs.
Percentage of Residential Clients	52.3%	58.6%
Percentage of Non-Residential Clients	38.7%	41.4%
Total Number of Justice Referrals	53	62
Total Number of Highway Safety Referrals	35	29

AFTERCARE PROGRAM

Following completion of the Intermediate Care Program, clients are enrolled in a structured Aftercare Program. They are strongly encouraged to attend and complete the third phase as it is considered to be a final component of the complete treatment process. It is designed to assist the client to maintain long-term abstinence and reinforce the lifestyle changes promoted during the earlier treatment phases.

Eight small groups meet weekly under the leadership of individuals from the community who have experienced chemical dependency themselves and have acquired stability in their personal recovery. Two of these Aftercare groups are conducted in the West Prince area to provide easier access for residents from that area.

Clients are encouraged to complete the full Aftercare phase. The recommended length of time is one year.

STATISTICAL SUMMARY

	1989-90	1990-91
Total Number of Groups	7	7
Total Number of Group Sessions	317	316
Average Group Size	7	8.5
Total Number of Individuals	193	197

FAMILY CARE

Various services are provided for the family of the chemically dependent individuals.

A structured Family Information Program consisting of one evening session weekly for ten weeks is conducted by the Family Counsellor at the Addiction Centre in Summerside. The program is open-ended and recycles every ten weeks. Although especially intended for family members of clients in treatment it is also open to any individual in the community who is affected by or concerned about another's chemical use regardless of whether or not that person has been exposed to treatment. Two general topics "Addictions" and "Family Recovery" are dealt with during the nine weeks by use of films, lectures and group discussions.

In order to provide family services for residents of West Prince, one full cycle of the Family Information Program has been conducted in the Westisle Composite School each fall for the past several years.

In addition to the Information Program, other services are provided for the family. The Family Counsellor contacts some family member of every client who is admitted to any one of our treatment programs. Individual counselling is provided as well as referrals to other agencies and to self-help groups such as Al-Anon and Alateen.

Information sessions on the family effects of chemical dependency are also provided for clients in treatment in both Primary and Intermediate Care Programs. These are also conducted by the Family Counsellor.

STATISTICAL SUMMARY

	1989-90	1990-91
Total Number of Individuals	647	688
Total Number of Office Consultations	381	341
Total Number of Telephone Consultations	783	837
Total Number of Family Therapy Sessions	45	41
Total Number in Attendance	539	478
Average Group Size	12	12
Total Number of Other Group Sessions	82	62
Total Number in Attendance	906	781
Average Group Size	11	13

WEST PRINCE FAMILY INFORMATION PROGRAM

Total Number of Group Sessions	5	7
Average Group Attendance	12	7
Total Number of Individuals	28	34

WEST PRINCE COUNSELLING SERVICE

A community addictions counselling resource is provided in the western area of Prince County. Staffed by one full-time Counsellor with a back-up of other staff of the Agency, this service provides assessment, counselling, referral and follow-up counselling for residents of West Prince.

The Counsellor has office hours in the Western Hospital, Alberton, two days a week and in the Regional Services Centre, O'Leary, two days a week.

He also conducts group sessions weekly in the Primary Care Unit to familiarize clients from West Prince with his services and to develop follow-up plans following their discharge. In addition, the Counsellor conducts a weekly Aftercare group in Alberton.

STATISTICAL SUMMARY

	1989-90	1990-91
Total Number of Individuals Served	252	354
Total Number of Detox. and Hospital Visits	69	149
Total Number of Office Visits	422	627
Total Number of Telephone Consultations	440	786
Total Number of Group Sessions	50	48
Total Number in Attendance	550	597
Visits to Other Agencies		
Birchill Group Home		17
Lennox Island		74
Tyne Valley Youth Centre		27
Prince County Jail		6
School		2

EXTENDED CARE

The Extended Care Facility "St. Eleanor's House" is the oldest treatment facility in Prince County. During this reporting period it continued to function in a similar manner as in previous years. In recent years there has been a significant increase in the demand for service in this facility. The rising demand for service is due to an increase in the number of referrals from the Justice system.

The house program is aimed at reinforcing the guidelines to recovery introduced during earlier treatment phases by daily exposure to films, group discussions and A.A. meetings. The house rules and work therapy are some of the methods used to assist residents in adopting more appropriate lifestyles. Clients are encouraged to seek employment as soon as they are considered to be stable in their recovery. If unemployed, referrals are made to Canada Employment and Immigration as well as other agencies for programs such as upgrading educational levels, vocational training or work adjustment training and other similar projects.

As staffing is minimal in this facility, residents are responsible for housekeeping, laundry, maintenance, gardening and grounds-keeping duties. These duties are assigned on a weekly schedule and each resident is responsible to carry out his assigned tasks.

Residents are gradually prepared for stable re-entry to the community and encouraged to regain family ties where possible.

STATISTICAL SUMMARY

	1989-90	1990-91
Total Number of Admissions	104	103
Total Number of Individuals	90	81
Number of New Admissions	57	51
Average Age	33 yrs.	32 yrs.
Average Length of Stay	35 days	39 days
Occupancy Rate	89%	91%

NON-RESIDENTIAL SERVICES

In addition to the structured treatment programs, the Agency provides non-residential services such as: assessment and intervention interviews, individual counselling, follow-up counselling, Antabuse administration, and drug screening. The major sources of referral for these services continue to be from various areas of the Justice system, Highway Safety Division and employers. These services are provided by the Counselling and Nursing staff of the Agency.

A number of these non-residential services are provided outside the Agency's facilities. These would include such areas as hospitals, provincial correctional institutions, and the P.E.I. Youth Centre.

STATISTICAL SUMMARY

	1989-90	1990-91
Total Number of Individuals Seen	485	609
Total Number of Telephone Consultations	906	1,370
Total Number of Office Visits	550	800
Total Number of Visits Outside The Agency	193	182
Total Number of Young Offenders Seen	54	47

COMMUNITY DEVELOPMENT SERVICES

This program complements the treatment services of the Agency in attempting to reduce alcohol and other drug problems in the community.

Under the direction of a Community Development Coordinator, many approaches are used in raising public awareness of issues related to chemical dependency. Focusing mainly on youth, the majority of the Coordinator's time is spent in conducting information sessions in schools and other youth groups as well as working with parent groups. Information sessions are also presented to other community and professional groups. A great deal of information is disseminated to the general public by use of the media, public displays and the maintenance of the resource library at the Addiction Centre in Summerside. This lending library is available for public use.

The Coordinator also serves on a Provincial Committee to develop and coordinate Provincial projects such as Drug Awareness Week.

STATISTICAL SUMMARY

Type of Group	No. of Sessions		Average Group Size		Total Attendance	
	89/90	90/91	89/90	90/91	89/90	90/91
School Students	45	37	25	26	1,128	966
Mature Students	17	8	12	21	209	171
Community	14	27	19	29	267	779
Professional Groups	12	14	20	18	237	257
Other	18	19	8	7	145	142

MISCELLANEOUS ACTIVITIES

	1989-90	1990-91
Displays	35	17
Meetings	50	74
Media Activities	16	16
Other	12	5